

PTO/SB/21 (01-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/057,796	
	Filing Date	January 28, 2002	
	First Named Inventor	Andrew Tofe	
	Art Unit	1615	
	Examiner Name	Liliana Di Nola Baron	
Total Number of Pages in This Submission	g	Attorney Docket Number	19583-00002

ENCLOSURES (check all that apply)☒ Fee Transmittal Form☒ Fee Attached☒ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):

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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual

Stanley J. Gradisar, Reg. No. 42,598

Gibson, Dunn & Crutcher LLP

Signature

Date

December 18, 2003

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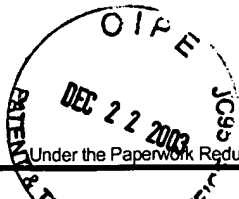
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FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/057,796
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Filing Date	01/28/2002
TOTAL AMOUNT OF PAYMENT (\$) 475.00		First Named Inventor	Andrew Tofe
		Examiner Name	Liliana Di Nola Baron
		Art Unit	1615
		Attorney Docket No.	19583-00002

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																							
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<input type="checkbox"/> Deposit Account																																									
Deposit Account Number: 50-0792																																									
Deposit Account Name: Gibson, Dunn & Crutcher LLP																																									
The Commissioner is authorized to: (check all that apply)																																									
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																									
<input checked="" type="checkbox"/> Charge any additional fee(s) required during the pendency of this application																																									
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FEE CALCULATION																																									
1. BASIC FILING FEE																																									
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1001	750	2001	375	Utility filing fee		1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee					
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SUBTOTAL (1) (\$) 0.00																																									
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																									
Total Claims: <input type="text"/> -20**= <input type="text"/> X <input type="text"/> = <input type="text"/>																																									
Independent Claims: <input type="text"/> -3**= <input type="text"/> X <input type="text"/> = <input type="text"/>																																									
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SUBTOTAL (2) (\$) 0.00																																									
** or number previously paid, if greater; For Reissues, see above																																									
		Other fee (specify) _____																																							
		SUBTOTAL (3) (\$) 475.00																																							

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Stanley J. Gradisar	Registration No. (Attorney/Agent)	42,598
Signature	<i>Stanley J. Gradisar</i>	Telephone	(303) 298-5786
		Date	December 18, 2003

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